



JOHN F. KENNEDY UNIVERSITY

TRANSFORMING LIVES, CHANGING THE WORLD

An Affiliate of the National University System

RECOMMENDATION FORM
College of Graduate and Professional Studies
Master of Arts in Marriage and Family Therapy

PLEASE TYPE OR PRINT CLEARLY IN INK.

Applicant's Name _____ Social Security Number _____

To the Applicant: The Family Educational and Privacy Act of 1974 gives students the right to review letters of recommendation. The law also permits students to waive the right if they choose, although such a waiver cannot be a condition of admission. Check the statement below that indicates your option. Then sign below and date.

- ☐ Confidential: I waive my right to review this recommendation.
- ☐ Nonconfidential: I retain my right to review this recommendation.

Signature: _____ Date: _____

To the Recommender: Please accept this form only if the above named applicant has completed the section above. The applicant is applying for admission to the Master of Arts in Counseling Psychology program at John F. Kennedy University. We would appreciate your candid opinion of the applicant and are particularly interested in the applicant's suitability for the degree. Thank you in advance for completing this form.

Please make a brief narrative statement here or attach a letter to this form. Please also complete the other side of this form.

Please assess the applicant on the qualities listed below by placing an "X" in the appropriate category. Use as your standard of comparison other students or employees whom you have known in a similar capacity.

Characteristic	Poor	Good	Superior	Unable to Judge
Academic ability				
Breadth of general knowledge				
Understanding of human behavior				
Written expression of ideas				
Oral expression of ideas				
Ability to work with others				
Creativity and originality				
Social awareness and concern				
Maturity and judgement				
Emotional stability				
Self-awareness				
Professional commitment				
Appropriateness for chosen field				
Potential for success				

Indicate the strength of your overall endorsement of the applicant:

☐ Not recommended ☐ Recommended with reservations ☐ Recommended ☐ Highly recommended

If you check "Not recommended" or "Recommended with reservations", please elaborate below.

I have known the applicant for ____ years, ____ months.

I know the applicant: ☐ Slightly ☐ Fairly well ☐ Very well

I have known the applicant as: ☐ an undergraduate student ☐ a graduate student ☐ an adviser
☐ a teaching assistant ☐ a research assistant ☐ other

Name _____ Title _____

Organization _____ Telephone _____

Address _____

Signature _____ Date _____

Return this form directly to: John F. Kennedy University
Admissions Office
100 Ellinwood Way
Pleasant Hill CA 94523-4817